



Australian Government

Department of Health

Information for the clinical and care team

About the Quality Indicator Program

From 1 July 2019, all Commonwealth subsidised residential aged care services across Australia must collect and provide clinical quality indicator data to the Department of Health. Aged care providers can do this by either:

- a) joining the National Aged Care Quality Indicator Program (QI Program);
- b) using a commercial benchmarking service; or
- c) using an in-house system.

All Commonwealth subsidised residential aged care services must measure, monitor and report on three clinical quality indicators. These indicators are:

- Pressure injuries
- Use of physical restraint
- Unplanned weight loss

These areas can all have serious and potentially catastrophic impacts on the physical, mental, emotional and spiritual health for residents. Monitoring and measuring performance in these areas is vital to support residents to receive a good quality of care and quality of life within a framework of continuous improvement.

A Quality Indicator (QI) is usually calculated as a rate by counting how often an event (for example, physical restraint) occurs over a period of time in each residential facility.

Every three months residential facilities are required to collect and submit QI data to the Australian Government Department of Health (the department), which processes the data and generates a report about the indicators. Data will need to be provided for the 1 July 2019 to 30 September 2019 quarter, and for subsequent quarters.

The QI Program complements but does not replace other resident safety, risk, quality improvement, accreditation and innovation activities.

The QI Program does not and cannot say whether the care in the facility is right or wrong; or whether it is good or bad. It only indicates if rates change or are different in other residential facilities.

Information sources

Most residential facilities have a staff member who coordinates the collection and reporting of QI information (usually the manager or the quality coordinator).

Information is gathered from residents' progress notes, care plans, assessments and audits. Privacy is protected as information submitted to the department does not contain identifying information about any resident.

Sometimes, additional information is obtained by talking with the clinical and care staff.

The role of the clinical and care team

QIs are a reflection of how the clinical and care team, and the facility, provide care. The views of staff at the point of care need to be sought in order to sensibly interpret any changes in rates. In addition, the clinical and care team will need to action changes to improve resident care.

Improving quality of life for residents

Residential facilities can access quarterly reports from the department describing how the residential facility is performing in each of the QIs.

It is up to you, alongside the managers, executive, other health professionals and residents, to interpret and question the information, and decide what areas of improvement may be required.

For example, if a residential facility's performance in the pressure injury indicator shows there are more pressure injuries than last year or there are more pressure injuries compared with the national average, this is an alert or a warning sign.

It should trigger a review of practice to understand why this change occurred. Exploring the reasons for this change provides an opportunity to improve care and reduce the incidence of pressure injuries.

Other areas of care

The QIs used in the QI Program cover a limited number of areas which are high-priority risk areas for older people living in residential facilities.

There are many other important areas of risk such as constipation, pain, falls, use of medicines, depression, delirium and palliative care that facilities need to monitor through other programs.

It is not possible or desirable to measure every aspect of care through QIs.

The three indicators chosen are important measures that have a broad impact across a number of other care areas.

Actions to take

- Be thorough, clear and accurate when completing documentation about care provided to each resident.
- Take special notice when one of the events described by the QI occurs, as this may be examined in detail later to understand a change in the QI rate.
- Be familiar with the QIs and the Program.
- Ask questions.
- Ask for the full series of QI reports.
- Ask to be involved with interpreting the information and contribute ideas to improve care.
- Ask for training about how to explain the reports to residents and families.

Source: adapted with permission from Victorian Department of Health, 2015, *Quality Indicators in public sector residential aged care services, Resource materials, January 2015 edition*. Victorian Department of Health & Human Services, Melbourne.